

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		19	2/25/01
<b>FORMALITY REVIEW</b>	Sm	879	02-21-01
<b>RESPONSE FORMALITY REVIEW</b>	HC	713	06-07-01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	1-9-01
2	✓	✓	1/10/01
3	✓	✓	1/10/01
4	✓	✓	1/10/01
5	✓	✓	1/10/01
6	✓	✓	1/10/01
7	✓	✓	1/10/01
8	✓	✓	1/10/01
9	✓	✓	1/10/01
10	✓	✓	1/10/01
11	✓	✓	1/10/01
12	✓	✓	1/10/01
13	✓	✓	1/10/01
14	✓	✓	1/10/01
15	✓	✓	1/10/01
16	✓	✓	1/10/01
17	✓	✓	1/10/01
18	✓	✓	1/10/01
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20	✓	✓	1/10/01
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If more than 150 claims or 10 actions  
staple additional sheet here

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